



**Equality and Diversity  
Annual Report  
April 2008 – March 2009**

**Prepared by Rachel Wilson  
Head of Professional Standards**

**On behalf of Penny Brooks Cordon  
Executive Director, Standards and Engagement  
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## **1. Introduction**

NHS Sheffield/Sheffield PCT is committed to embedding equality and diversity values into everyday practices, policies and procedures. The equalities agenda is driven by legislation, the Department of Health's Single Equality Scheme, Standards for Better Health and "Human Rights in Healthcare". The promotion of equality, diversity and human rights is intrinsic to becoming a World Class Commissioner. The report describes the excellent progress made to drive and deliver this agenda during the period of April 2008 to March 2009.

## **2. Background**

In December 2007 the Healthcare Commission undertook a review of the PCT and identified areas for improvement. The PCT put in place resources to deliver the actions required and employed a temporary Equality and Diversity Lead to support the commissioning function at the end of the previous financial year and subsequently a second temporary lead to support provider services. Additionally, the University of Central Lancashire was commissioned to provide training for senior staff.

Within three months, the PCT was fully compliant and had addressed all the issues raised by the Healthcare Commission.

## **3. Governance and Accountability**

### **Corporate Equality and Human Rights group (CEHR)**

The Corporate Equality and Human Rights (CEHR) Group oversees and ensures the effective and efficient delivery of all statutory and mandatory Equality and Human Rights duties required within NHS Sheffield.

The CEHR is chaired by the Executive Director for Standards and Engagement and is made up of senior representatives from each directorate plus others with an E&D element to their role. It is scheduled to meet every two months and in the year to date met four times and was cancelled twice. The group has reported to the Governance Committee. It is currently being reviewed as part of changes to governance arrangements.

## **4. Equality Impact Assessments (EIAs)**

A new format for EIAs was introduced through the EIA guidance policy, which was ratified by the Board in March 2008. One to one support and coaching from the Equality and Diversity Leads further supported the operationalisation of the policy. The new EIA format was included in the training which was delivered to senior managers by UCLAN (see section on staff training).

Gatekeepers are in place to ensure that EIAs are completed as part of policy development and service specifications.

Details of EIAs completed and published using the new format is included within each directorates section of this report.

All completed EIAs have an action plan accompanying them which are compiled to form the Single Equality Scheme (SES) Action Plan. This is updated every two months and performance is monitored. The SES Action Plan has recently been split into commissioning and provider sections. The Action Plan provided evidence of compliance with the Healthcare Commission's Standards for Better Health that apply to equality, diversity and human rights activity within the PCT.

## **5. Staff training**

During the year, training was provided on equality and diversity by UCLAN (the University of Central Lancashire) to senior managers. This took the form of four ½ day sessions during which they were updated as to legislation and their responsibilities as employers, providers of services and commissioners. Part of the training involved completing an EIA using the new tool. A final report on this training will shortly be available.

Equality and diversity also form part of the Essential Awareness training which all staff must complete every two years. Equality and diversity was included in induction training and consisted of a 30 minute session delivered monthly. This has now been superseded by an e-learning package, which all new starters are expected to complete. Additionally, in 2008, a pilot training programme on Core Clinical Training was delivered and this included equality and diversity elements.

## **6. External training**

Training was provided in the form of presentations at two Procurement events to assist organisations who might want to tender for contracts. The aim was to understanding the EIA process in commissioning and the monitoring requirements that would be expected.

## **7. Website**

During the year, the intranet and internet websites have been populated with a variety of information, detailing progress on the equality and diversity agenda within NHS Sheffield. Many links to other websites and reports of interest have also been added. The Single Equality Scheme Action Plan is on line and is updated bi monthly. Completed EIAs are added as they are finished.

The new NHS Sheffield website itself has had an EIA performed on it to ensure that it was as accessible as possible to all members of the community.

## **8. Conference**

On the 13<sup>th</sup> October 2008 NHS Sheffield held its first Equality, Diversity and Human Rights conference – “Everyone Counts”. The focus for the conference was the importance of data collection. The keynote address was delivered by Surinder Sharma, National Director for Equality and Human Rights at the Department of Health. Over 120 delegates attended from as far afield as Scotland and London.

All main aims of the conference were met and overall the evaluations were positive with the day as a whole being rated as very good to excellent by over 70% of delegates. A report on the conference is available on the website.

## **9. Better Outcomes for Patients**

The PEC’s project to improve care pathways for some of the most common conditions highlighted in Achieving Better Health 2 included setting targets for equality and for carers for each area. This work will be taken forward next year.

## **10. Staff groups**

### **Black Workers Staff Support Group**

NHS Sheffield has had a Black Workers Support Group in place since 1997 however attendance has reduced last year. The group has been reinvigorated to the Black & Asian workers Staff group with a new approach to bringing the group back to full activity and encouraging new membership. A new launch and unveiling of the BAWSG is planned with a timetable of events to create renewed interest and a collaborative working.

### **LGB (lesbian, gay and bisexual) staff group**

This was launched in January 2009 and has already published its TOR and a leaflet. It contributes to the supporting Sheffield’s commitment to the equality and diversity agenda. A representative from this group is also a member of CEHR group. The group offers support and information, raises awareness of issues that may affect staff and contributes to the development of organisational policies and practices.

## **11. Strategy**

A three year strategy, charting the direction of travel for NHS Sheffield has been developed and is currently under consultation. After ratification by the Board the final version of the strategy will be available to read on the website.

## **12. Data monitoring**

It has been recognised that the collection of equality data is essential in order to reassure ourselves that we are providing a non-discriminatory service to all of our population.

During 2008, a data collection tool was developed for corporate use and from April 2009 this will be used to collect information about complaints, PALS contacts, PPE event attendance, incidents etc using the DATIX system for data collection.

Guidance has been written for staff collecting the information so that they can answer questions from patients about the process.

## **13. Partnership working**

In 2008 a Sheffield wide E&D leads meeting was inaugurated, led by NHS Sheffield, to support each other and to work together on issues of common concern. Membership of this group is open to all statutory organisations. The group have agreed to meet three times per year.

A sub-group of this group has been set up consisting of NHS E&D leads only and this group has met to discuss joint working on community consultation. Representatives from the Strategic Health Authority and the Yorkshire Ambulance Service are invited to this group.

## **14. Interpreting and translation**

A decision was reached in early 2009 to put a statement onto every document in eleven different, locally used, languages to let people know that documents are available in different languages on request.

Money has been identified to pay for any interpreting and translation demands.

## **15. Pacesetters**

This work is managed by the Public Health Directorate and a full report is to be delivered to the CEHR group and published on the website. Additionally a joint regional Yorkshire and the Humber report will be published.

## **16. Future developments**

- Specialist support in the form of a temporary post of Equality and Diversity Lead was provided up to 31<sup>st</sup> March 2009. One of the main functions of the post was to embed Equality and Diversity within the organisation. The CEHR group will now drive and monitor Equality and Diversity activity.
- The Single Equality Scheme will be renewed by 2010 and community consultation and involvement must take place in 2009 to inform that document.

- New Equality legislation is expected within this parliament and it is anticipated that the positive duty that currently applies to gender, race and disability will be extended to cover religion and belief, sexual orientation and age.
- The Care Quality Commission will have equality and human rights at the centre of everything that it does, so E&D will become increasingly important.

## **17. Directorate updates**

### **Public Health Directorate**

Public Health can evidence that socio-economic factors, education, housing and environment impact greatly on the health and well being of communities and individuals. In addition to this, some people experience greater health inequalities because of age, ethnicity, gender, sexual orientation, gender identity, disability and religion (the equality dimensions).

Tackling health inequalities within this context is a core function of Public health . This year we can demonstrate the impact of using equalities legislation to inform policy and practice in Public Health. The following are some examples that are a result of the equalities agenda:

#### **Using the Gender and Race Equality Duties:**

- Completed a health equity audit on coronary heart disease (CHD) as it relates to revascularisation services. The audit revealed the difference between the actual and expected rates of revascularisation is very pronounced in the case of South Asian females. The significant difference cannot be accounted for by the age difference in CHD risk. In the three-year revascularisation dataset used, there are just 8 procedures recorded for South Asian females. This represents an inequality that needs to be addressed. The results have been highlighted to strategic teams, including the Long Term Conditions Team and cardio-thoracic surgeons. The next steps are to re-examine the data and understand why this is happening.
- New targeted work with BME men (inc. Slovak Roma and Kurdish) due to the high risk of cardio-vascular disease and diabetes, cancer and smoking rates. New planned interventions targeting all men for example the stroke and 'know your numbers campaign'
- Ethnicity and Health workshops delivered by Sheffield Hallam University. To equip senior Public Health leads with theoretical, methodological and practical expertise to commission and undertake high quality health-related research that: contributes to an evidence base reflecting the ethnic diversity of the population; further understanding of the links between race/ethnicity and health experiences and outcomes inclusive of minority ethnic service users and communities; and challenges exclusionary and oppressive practices and structures.

## Equality Impact Assessments

EIAs on Enhanced Public Health Programme Areas, Alcohol and Brief interventions, and the Stop Smoking Service have resulted in:

- Development of a written resource for Porterbrook Surgery service users transgender info sources, help lines, support and social groups.
- Development of a new Alcohol Education Programme in the LGBT community - sessional workers delivering a 'postcard' series showing health impact, risk elements, personal safety, safer drinking.
- LGBT community now has greater inclusion in mainstream messages. Added value in skills sharing/training between agencies (Centre for HIV & Sexual Health and Sheffield Alcohol Advisory Service each providing free training to enhance workers skill and knowledge base.
- A health equity audit, to ensure that Alcohol Brief Interventions delivery matched take up of health professionals training.
- Development and delivery of Alcohol Brief Intervention 'Training the Trainers' increasing capacity right across the city to deliver brief interventions. There is now capacity in organisations such as Sheffield Foyer, NACRO, SWWOP, Action for Children, J Johnson Housing to continue cascade delivery of alcohol brief interventions, ensuring delivery to those most vulnerable and marginalised and damaged by alcohol.
- Proposals to fund a Minorities Engagement Worker - in liaison with People United Against Crime (PUAC) partners - SYP, Probation etc - and reporting through Safer Communities partnership. Leading to greater capacity for engagement of very vulnerable and hard to reach individuals and families. Added value in the inclusion of health and wellbeing/community capacity building within this area of work.
- Sheffield Stop Smoking are providing brief interventions training to sexual health outreach workers and targeting local health champions and BME networks to promote the service and raise awareness.

## **Strategy Directorate**

The process of actively considering equality and diversity issues in developing service strategies and specifications is becoming embedded within the work of the Directorate. This includes the completion of Equality Impact Assessments in a number of areas. Examples of action include:

EIAs completed for the following developments and business cases:

- Transfer of commissioning responsibility for Learning Disability Accommodation Services from the NHS to the Local authority (carried out jointly with Sheffield City Council)
- Chiropractic service business case (HASC)
- PARR/EARLI case finding/COPD 99 pathway reforms (HASC)
- LES Palpitations (HASC)
- COPD Pulmonary Rehab business case (Parson Cross)
- Advocacy service for people with dementia
- Continence business case (citywide)
- Knee pathway
- Dermatology city wide
- PEARS
- Improving Access to Psychological Therapies
- Back pathway
- Shoulder pathway

PBC Business Managers have researched for EIAs using library services to do a literature search for potential impact with regard to gender, age, ethnicity and orientation as required by the EIA template and using internet searches for any further evidence/information.

Where applicable, EIAs have been done at the pilot stage so the information gained informed the development of the pathway/service. The EIAs will be reviewed as the projects progress to assess any impact the development of services may have.

- Diabetes Enhanced care – inclusion of an EIA within the business case
- Re commissioning of the diabetic retinal screening service involved further needs assessment work to understand the need/equality of access across the city. The needs assessment will be utilised to better direct the service to areas of need and we will require the provider to undertake EIA's and act upon them.
- End of Life Care – an EIA was compiled on the development of the actual Strategy, which highlighted many issues, and one of the key actions implementation of the strategy was to ensure consideration of those issues in EOLC training. In addition the EOLC Summit brought together many diverse teams across the city - including LD, MH teams to raise awareness of the cultural & social diversity that needs to be acknowledged and addressed re EOLC.

- Monitoring of the LES Care Homes, using data from Adult Services on the profile of residents and from responses to questionnaires sent out to residents, relatives and staff
- Commitment in the Primary Care Strategy for completion of EIAs for each strand of the implementation plan
- Inclusion of a requirement for EIAs in the standard template for service specifications, as follows: “An Equality Impact assessment (EIA) must be performed to shape and inform the development of the service specification.”

In addition, staff from the Directorate were heavily involved in commissioning the City Centre GP Health Centre, for which an Equality Impact Assessment was undertaken, led by the Primary Care Team.

## **Finance and Healthcare Procurement Directorate**

Although the Finance directorate has not completed any EIAs directly during the year to 30<sup>th</sup> March 2009 it has supported other directorates in carrying out EIAs. An EIA on the Procurement Strategy and Skill Development Programme has been submitted since the year end.

Equality Impact Assessments are part of the Procurement Strategy and Equality and Diversity is directly addressed in any Pre Qualification Questionnaires (PQQ) and Tender Documentation issued. Bidders are required to confirm in the PQQ that they have an Equality and Diversity policy and are required to provide a copy of the index to the document. At Tender stage, bidders are required to address questions directly related to Equality and Diversity issues. Responses are scored as part of the Evaluation process.

A Provider Meet and Greet event was held on 14<sup>th</sup> November 2008. One of the workshops on offer to attendees was "Equality: Everybody Counts."

Clauses requiring providers to gather Equality data are now incorporated in all contracts signed with providers for 2009-10.

The Healthcare Procurement Team has extensively revised the contract for Voluntary Sector organisations during 2009-10. The revised contract requires organisations to collect and collate Equality and Diversity information regarding its service users. A number of workshops for voluntary sector providers have been held to explain the new requirements and to answer queries from providers on how best to collect the data.

The impact of this is that Equality and Diversity is starting to become embedded in the work that we do on a day to day basis.

## **Performance Directorate**

Equality impact Assessments have been undertaken for:

- IT training
- Records Management
- LHC IM&T Strategy
- Provider Services data quality plan

Datasets, for use in primary and community IT systems have been agreed for:

- Ethnicity
- Religion
- Sexual orientation

Data of birth (age) and gender are mandatory data items within these systems.

Further work is required to clarify the requirements for data collection around disability before defining any additional data capture requirements.

IT Services support a number of staff with disabilities through the provision of IT systems specifically modified to support their requirements.

## **Standards and Engagement Directorate**

With the Standards Engagement Directorate a number of activities have been undertaken to embed Equality and Diversity.

Firstly, it is the Executive Director of the Standards and Engagement Directorate that is the accountable director for Equality and Diversity and within the Directorate the former lead was employed. Equality and Diversity activity is co-ordinated from within the Directorate, currently by the Head of Professional Standards.

In addition the Directorate has undertaken other activity to ensure that the public of Sheffield are treated, in respect of health, equitably and fair.

The Communications team has developed a toolkit to assist communication & engagement with seldom heard groups/people. The toolkit supports Sheffield NHS staff in how to think about and then engage with groups of people from seldom heard from communities.

The Patient and Public Involvement (PPI) Team, and specifically the Expert Patient Programme team have for the first time undertaken the programme in Urdu at Sheffield Pakistani Muslim Centre.

Expert Patient Programmes are a regular part of NHS Sheffield work to engage local people with health care services but it is felt that BME communities are often unlikely to engage in such programmes partially because of concerns about language barriers. The programme was considered successful as it was felt by those involved, that the programme opened doors for many of the group and many are now asking to be involved in a broad range of local health services that can offer them support.

In addition the Expert Patient Programme has also been delivered to five groups of participants with differing levels of cognitive impairment and communication difficulties.

NHS Sheffield commissioned a specific report to help inform the maternity matters single point of access agenda. The report specifically asks hard to reach groups what their experiences and needs were in order to inform the development of the single point of access and, once set up, how this could be communicated to them.

In the last year the Directorate through the Communications and PPI teams have started to consider diversity and address how we will reach communities and groups.

## **Corporate Services Directorate**

Staff from the directorate undertook the EIA in respect of the planning and development of the 722 site. This included close working with Inclusive Living as well as working with the Landlord's Agents and tenants on the 722 site to ensure full consideration was given to equality and diversity. The work in relation to equality and diversity has continued beyond the planning stage and into our first year on the new site. This has resulted in a number of changes to both the PCTs internal footprint and also the common areas accessed by all tenants and visitors to the site.

Staff from the directorate contributed to the EIA that was undertaken on the West Court site as currently NHS Sheffield retains the financial responsibility for this site. The EIA was undertaken in conjunction with the Equality lead for provider services and the facilities officer for West Court.

All policies which are presented to the Board and upon review should have an EIA which is included as part of the policy. A significant number of the corporate policies are prepared by members of the Corporate Services directorate and therefore staff have included Equality Impact Assessments.

In addition, front sheets to all Board papers include a section relating to equality which is completed by authors prior to submission to the Board.

## **Sheffield PCT Provider Services**

The Equality & Diversity lead in Provider Services is now working on predominantly Provider services work and is currently a part of the Education, Training and Development Team. This is to reflect the number of widening commitments the post is needing to develop in light of the level of details needed in meeting the commitment to provider Services Ethos of a core Equality & Diversity function. This will also need further work and development over the next 12 months to reflect the challenges needed to be addressed.

A number of Equality & diversity initiatives have been developed within Provider services over the last 12 months. These initiatives have begun to scan where the organisation is at present and the developmental needs in the short to medium term and identify measures for improvement. A number of actions from this is included are listed below.

A new Provider Services, Sheffield Primary Care Trust Equality & Diversity Strategy will continue to address developmental needs and establish the medium to longer term initiatives that needs to be in place to address a core ethos in working with the whole of the Sheffield population in a non-discriminatory way. This Strategy is due to be launched by the end of the year.

The Sheffield Primary Care Trust & NHS Sheffield is now Member of Stonewall, the national organisation working to combat Homophobia and supporting employers in good practice working. There is also a newly established Staff group for Lesbian, gay, Bi-sexual and Transgender staff, from 2009.

### **Equality Impact Assessments.**

Managers have now completed the UCLAN Equality & Diversity training which includes work on equality Impact assessments. Although this was not sufficient to meet the hands on/practical needs that Managers found a hinder and gap into developing this work further. Further follow up has taken place to work with Managers to coach through drafting an EIA, collating relevant data requirements and creating an action plan to address the changes needed. This action plan is reviewed and revised on a regular basis to address the long term incremental changes needed in some services.

The next phase of EIA coaching will take place with Teams and Services to reflect the complete understanding of the EIA process and wider Equality & diversity issues that need to be addressed in each specific service area. This will be a rolling programme from autumn 2009 onwards. This has already been piloted and proved valuable, helpful and a success with Intermediate care Team Leaders, Human resource Leads and Staff side representatives,

There are a continuing flow of Equality Impact Assessments that are being written and published as part of the commitment addressed in the Single

Equality Scheme. These are analysed by the Equality & Diversity Lead for further work and then publication. This will increase as more Managers and Teams are coached in drafting EIAs specific to their services and as data is collated, analysed and published for EIAs. A number of EIAs from Human resources are being updated onto the new pro-forma, these will also be published incrementally.

EIA updates are presented at the Corporate Equality & Human Rights Group which meets bi-monthly. Progress on EIA action plan work is continuing, most actions are successfully meeting their deadlines with only some Information Technology and data delays.

### **Data Monitoring**

Work is taking place with Regional Equality & Diversity networks and Local NHS colleagues in developing a joint approach of collecting data from the same Sheffield population.

Consultation work has begun internally with the Podiatry panel of lay persons and with a data audit colleagues on raising concerns around asking sensitive information.

It is vital that staff feel fully equipped and informed about how to discuss sensitive information with patients and maintain professional relationship with the patient and their families. Training will be designed and rolled out to all Provider staff and ensure all anxieties are dealt with sensitively.

A working group is planned to work on an agreed way forward. This working group will consist of senior clinical staff and staff with an interest in Equality & Diversity data monitoring.

This data monitoring tool for patients and for staff is being finalised and incorporating viewpoints of various national Equality bodies to encompass the range of complex issues in data gathering.

### **Training**

A training plan is being designed to encompass the Equality & Diversity training needs of Provider staff. This will include training on Equality Impact assessments in more depth, targeted work on Equality & Diversity in each specialist service area, Data monitoring, and specific interests in equality areas. Efforts will be made to ensure all training will be designed with the team/audience in mind and to fully relate equality and diversity into their work roles and interaction with each other as colleagues and interaction with patients, their families and carers and the general public.

This training has begun with role specific training designed for the new role of Assistant Practitioners, formerly known as support workers within the intermediate care Services. This has proven to be a valuable interaction where norms, stereotypes and vocabulary used can be analysed and

challenged in order to understand how it may affect the care of the patient(s) and relationships with carers and families.

There will be a continuing priority to train staff on how to draft and write Equality Impact Assessments. The EIA process has uncovered changes needed in the short to medium term and this will also detail staff training needs in equality & Diversity.

EIA training has already begun to take place. The second phase will be on training Teams. EIA training for HR professionals & staff side representatives have undertaken a seminar in EIAs to scrutinise potential and actual discrimination issues in Human resources policies, processes, functions and activities. This will be rolled out to the whole of Provider Services.

### **Continuing work**

The expertise drawn from the Equality & Diversity Lead within Provider services is proving valuable within various management structures. There will be a continuing presence in monthly interaction with the Provider Services Clinical Services Risk & Governance group and in the Provider Services Specialist Services Risk & Governance group. It is anticipated that this will expand into other settings such as the Human Resources Risk & Governance group and Business support element of the Organisation and strongly within Publicity and representation of the Sheffield Primary Care Trust.

Membership and involvement will continue in the Respect & Dignity agenda for the Organisation and developing this work to effectively 2- way consult and attain patients experience and longer term work into the design of appropriate services for 'unmet needs', population of Sheffield who remain to have problems accessing health services and when received if the services is appropriate and meets the needs of the individual. Furthermore addressing health inequalities and achieving truly balanced health in all sectors of the City, work needed to develop the longer term aims from Achieving Balanced Health.

The Equality & Diversity Lead will continue to prepare Clinical staff for major festivals and celebrations affecting the Sheffield Population according to the demographical breakdown of different cultures, Faiths, beliefs, Nationalities. This will affect Service and appropriateness of care, other services in the City and Public Health awareness during the observation of specific religious obligations. Displaying understanding and sensitivity as a serviced and being equipped to work better with the whole of the Sheffield population.

Continuing to work together with commissioning Managers, expertise input is given into the planning of services for the preparation of Swine Flu pandemic in Sheffield. Various issues were highlighted.

Further requests for expertise from other Commissioning directorates will be considered with given Provider priorities. This also highlights the need to include a robust approach to equality & diversity in all Directorates.

## **Human Resources (including Education, Training and Development)**

Sheffield PCT incorporates NHS Sheffield as the commissioner of NHS services for Sheffield and Provider Services, a provider of community NHS services, has a variety of legal obligations that it must meet as an employer. Additionally, we seek to employ the best people for every job to improve our business performance and to become an ***Employer of Choice***. As a major employer in the Sheffield area, we would want to reflect the diverse population which we serve.

NHS Sheffield seeks to be an exemplar employer. It is currently a Two Ticks employer, in addition to having achieved Improving Working Lives Practice Plus status and has recently applied for and been successful in being adopted as a Stonewall Diversity Champion.

The Human Resources function works in close partnership with representatives from Trades Unions and professional associations who form the Staff Side of the Joint Staff Consultative Committee (JSCC).

The issue of equality and diversity is at the core of the ethos of the NHS and is central to the core objectives of the Human Resources function. This is led by the Head of Human Resources who nationally is the Joint Chair of the Staff Council Equality and Diversity Sub-Group and sits on the NHS Employers Policy Board and its Equality and Diversity Core Reference Group,.

Within its functions, whether this is via the recruitment services in applying for employment or promotion, the management of employee relations, the process by which reorganisations are managed and the learning and development opportunities given to staff, all are undertaken with the objective that they are free from bias or discrimination, based on any strand of equality and diversity.

All processes and policies and procedures written, reviewed and published by Human Resources have an Equalities Impact Assessment undertaken and the Provider Services Equality and Diversity lead is managed within Human Resources, providing services, advice and training to a range of managers, and employees within the 2000 strong workforce.

The function produces on a quarterly basis a detailed Human Resources Performance Monitoring – Key Performance Indicator Report

These reports indicate that over the history of the PCT there has been a steady increase in the numbers of BME staff employed within the PCT, that turnover levels are decreasing and overall levels of job satisfaction as reported in the national NHS Staff Survey are increasing.

The function clearly has a number of objectives and improvements to make in relation to equality and diversity and has recently revised and amended its

Internet contact to reflect a greater emphasis on Equality and Diversity in order to potentially attract applicants from a greater spread of minorities.

In 20008/09 success have been made and the aim is to continue to develop services within the HR function which further enable the PCT to recognise for all sections of the community and from whatever background you come from that we are an **Employer of Choice**.

Code	Description	In Post	% of total in Post	Leavers	% of total leavers	Leaver rate for Group
A	White British	2044	88.75%	202	88.99%	9.88%
B	White Irish	18	0.78%	2	0.88%	11.11%
C	White Other	25	1.09%	5	2.20%	20.00%
D	Mixed White and Black Caribbean	12	0.52%	1	0.44%	8.33%
E	Mixed White and Black African	1	0.04%	0	0.00%	0.00%
F	Mixed White and Asian	5	0.22%	0	0.00%	0.00%
G	Mixed Other	6	0.26%	1	0.44%	16.67%
H	Indian	24	1.04%	2	0.88%	8.33%
J	Pakistani	47	2.04%	2	0.88%	4.26%
K	Bangladeshi	7	0.30%	0	0.00%	0.00%
L	Asian Other	7	0.30%	0	0.00%	0.00%
M	Caribbean	24	1.04%	5	2.20%	20.83%
N	African	28	1.22%	0	0.00%	0.00%
P	Black Other	4	0.17%	1	0.44%	25.00%
R	Chinese	3	0.13%	0	0.00%	0.00%
S	Any Other Ethnic Group	11	0.48%	2	0.88%	18.18%
Z	Not Stated	37	1.61%	4	1.76%	10.81%
Total		2303	100.00%	227	100.00%	9.86%